

FILED
May 26, 2006 8:00 am
Secretary of State


04-28-2006 90021 013 ****50.00

**2006 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

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DOCUMENT # L03000002908

1. Entity Name
CHASCO APARTMENTS LEASECO, LLC



Principal Place of Business Mailing Address

**5005 INTERBAY BLVD.
 TAMPA, FL 33611** **5005 INTERBAY BLVD.
 TAMPA, FL 33611**

DO NOT WRITE IN THIS SPACE

30009039



04202006No Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For

57-1146175 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**EVERETT, ANTHONY
 5005 INTERBAY BLVD.
 TAMPA, FL 33611**

**DO NOT WRITE
 IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. **NOTE:** Registered Agent signature required when retitling.

**- Filing Fee is \$50.00
 Due by May 4, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR CARAWAY, JR, HUGH L 405 N ST MARY'S ST #850 SAN ANTONIO, TX 78205
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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 IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information included on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **ANTONIO JARAMANTE (CONTROLLER)** 5-22-06 20-881-1469

PRINTED AND TYPED OR PRINTED NAME OF REGISTERED MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #